

COMPLETE THIS SECTION

- 1 Complete items 1, 2, and 3. Also, complete item 4 if Restricted Delivery is desired.
- 1 Print your name and address on the reverse so that we can return the card to you.
- 1 Attach this card to the back of the mailpiece, or on the front if space permits.

Article Addressed to:

Marticia DueSada
 11514-Y S.W. 109 Plaza
 Miami, FL 33174

COMPLETE THIS SECTION ON DELIVERY	
A. Signature	
<input checked="" type="checkbox"/> Agent	<input type="checkbox"/> Addressee
B. Received by (Printed Name)	C. Date of Delivery
<i>Marticia DueSada</i>	<i>3/23/07</i>
D. Is delivery address different from item 1? <input type="checkbox"/> Yes	<input type="checkbox"/> No
If YES, enter delivery address below:	

3. Service Type	
<input checked="" type="checkbox"/> Certified Mail	<input type="checkbox"/> Express Mail
<input type="checkbox"/> Registered	<input checked="" type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

Article Number
7004 0750 0002 5007 6414
 (Transfer from service label)

5 Form 3811 February 2004 Domestic Return Receipt

102595-02-M-1540